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ABSTRACT

In the fall of 1989, the National Head Start Association convened a panel of distinguished advisors in an effort to develop recommendations for the future of Head Start. The panel met for 6 months to hear expert opinion and discuss task force reports and relevant policy documents. Over 70 witnesses testified at three hearings held in Washington, D.C., Atlanta, Georgia, and Phoenix, Arizona. More than 1,400 Head Start parents and staff responded to an open-ended survey on program success and future issues. Numerous national organizations provided material and input to the panel's deliberations. This report reflects the issues expressed by those who lent their voices to the effort. Introductory sections of the report are followed by three chapters, which discuss: (1) the program's history, background, and achievements; (2) the challenging new social context facing Head Start and its implications for the program; and (3) recommendations for expanding the program to meet the needs of low-income children and families. Recommendations call for policymakers to build on the strength of Head Start, renew Head Start's leadership role in providing high quality comprehensive services, and expand in a way that meets the needs of children, families, and communities. Concluding remarks state principles for financing and supporting the program. A total of 64 references are cited. (RH)

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Head Start: The Nation's Pride, A Nation's Challenge

Recommendations for Head Start in the 1990's

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PS 018783

The Report of the Silver Ribbon Panel
A Project of
The National Head Start Association

Prepublication Press Edition

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[Head Start] is one of the most constructive, and one of the most sensible, and also one of the most exciting programs that this nation has ever undertaken.

President Lyndon Johnson
May 18, 1965

[Head Start] is something near and dear to all of us . . . All [children are] special, because they are the very future of freedom.

President George Bush
January 31, 1990

Dedication

This report is dedicated to the millions of children, families and staff touched by the Head Start program during the past 25 years.

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Preface

During the past 25 years, Head Start has become part of the very fabric of America. Head Start has awakened a sense of pride in our nation--demonstrating that we can indeed change the lives of children and families living in poverty.

In the fall of 1989, in celebration of 25 years of program success, the National Head Start Association (NHSA) convened a panel of distinguished advisors to develop recommendations for the future of the Head Start program. The panel was composed of leaders with expertise in Head Start and other early childhood programs, health services, policy and business.

Recognizing the burgeoning support for early childhood programs, NHSA believes that Head Start should build on its legacy while it adapts to new challenges. The advisory panel examined what has made the program a success and how the program should be expanded and improved.

During an intense six month period, the panel met to hear expert opinion and to review and discuss various task force reports and relevant policy documents. More than 70 witnesses, including Head Start parents, staff and other early childhood experts, testified at three hearings held in Washington, DC, Atlanta and Phoenix. More than 1,400 Head Start parents and staff responded to an open-ended survey soliciting their opinion on program success and future issues. Finally, a score of national organizations provided material and input to the panel's deliberations.

This report reflects the issues expressed by those who lent their voices to this effort. The recommendations call for policymakers to build on the strengths of Head Start: to renew Head Start's leadership role in providing quality comprehensive services and to expand in a way that meets the current needs of children, families and communities.

It is our hope that the recommendations of the Silver Ribbon Panel will guide policy decisions over the next decade as Head Start moves towards the twenty-first century.

Eugenia Boggus
President, National Head Start Association
Chair, Silver Ribbon Panel

National Head Start Association Silver Ribbon Panel

Eugenia Boggus, Chair
President, National Head Start Association

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Joan Lombardi

Executive Summary

Head Start approaches its 25th anniversary with an impressive record of achievement and a new set of challenges. Over the years, Head Start has provided comprehensive services including health, education, parent involvement and social services to more than 11 million children and their families. The program has proven to be a sound investment in our nation's future and has received widespread support from parents, the general public, policymakers and the business community.

Since 1965, the importance of effective early childhood programs has grown and the demands on Head Start services have increased. During the past 25 years, the percentage of children living in poverty has escalated at an alarming rate. Today, American families are much more likely to have working mothers and to be headed by single parents. At the same time, problems such as substance abuse and homelessness pose serious threats to child development and family life.

Despite these new challenges, funding for this very successful program has fallen far short of meeting the needs of poor children and families. Inadequate funding is a serious barrier to protecting program quality, expanding enrollment and encouraging services that are more responsive to today's families. Furthermore, although new funding streams for early childhood programs have emerged, they do not come close to filling the gap for critically needed high quality comprehensive services or for establishing a cohesive early childhood system.

To meet these challenges and to build on Head Start's success, the Silver Ribbon Panel recommends that the federal government:

Invest in the quality of Head Start to ensure that the program provides effective comprehensive services to children and families.

We believe that ensuring the quality of Head Start should be the top priority. Immediate steps should be taken to increase staff compensation and training; expand the program's capacity to provide family support and developmentally appropriate practice; and improve facilities, transportation and program oversight. A portion of Head Start funding should be earmarked for such improvements.

Increase funding so that all eligible children who need Head Start can participate and local programs can provide services that meet the needs of today's families.

We believe that all eligible children in need of Head Start services should have access to high quality programs. Since we know that low-income children and families today have a variety of needs, our vision of Head Start includes expanded enrollment and service delivery that is more responsive to such diversity. This means providing additional program options, including full day, and allowing multiple years of service that may begin at a younger age.

Provide leadership to build a more coordinated and effective system of services for children and families through collaboration and research.

We see Head Start becoming a model of quality, a catalyst for change and a source of innovation within a network of services for young children and families. This vision calls for increased efforts to promote collaboration and research. Collaboration should focus on continuing the progress made in Head Start as children move on to public school, fostering linkages between Head Start and other early childhood programs, building the supply of and access to other human services, and enlisting the support of the business community.

The panel endorses three broad principles regarding Head Start funding. First, it is a federal responsibility to ensure adequate resources for program improvement and expansion. This means making Head Start a priority in the national budget and providing federal leadership to encourage other public and private investments in the Head Start program.

Second, Head Start expenditures per child should be increased. Expenditures must be adequate enough to meet program quality and flexible enough to meet local needs. Third, Head Start expansion must be accompanied by the continuation, improvement and expansion of other early childhood and human services needed by low-income families.

We conclude by suggesting the establishment of a formal Head Start advisory committee to consider the recommendations set forth by the panel and to advise on long range plans. We believe that such an ongoing group would help ensure that the spirit of this 25th anniversary will move Head Start successfully into the twenty-first century.

Chapter 1.

Head Start: Twenty-Five Years of Program Success

Head Start is an excellent example of what is right in our country.

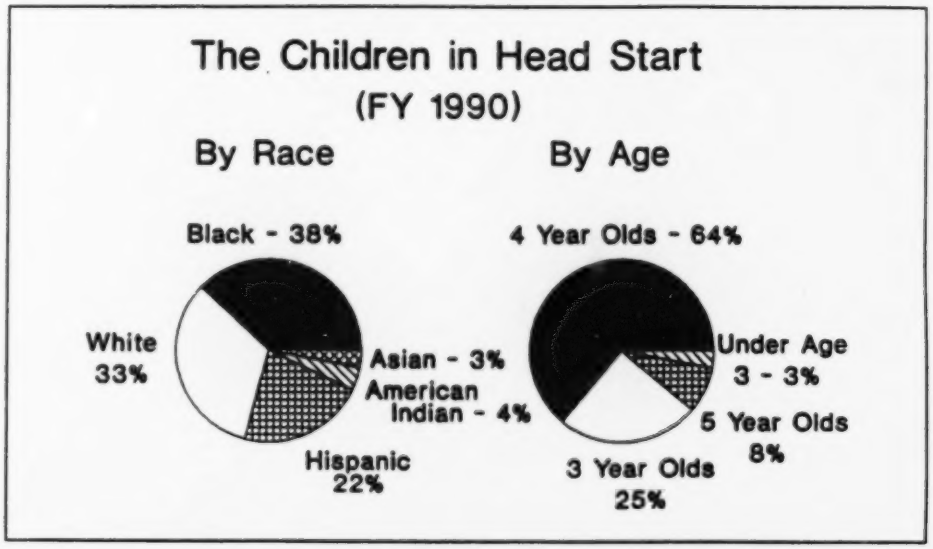
Hector DeLeon
National Migrant Head Start
Directors Association

Background

From the upper reaches of Alaska to the orange groves of Florida . . . from the desert of New Mexico to the teeming streets of New York City, Head Start brings hope to America's poor children and their families. Rooted in the Great Society legislation of the 1960s, Head Start has, over the years, proven to be a significant and sound investment in our nation's future.

Since 1965, Head Start has provided comprehensive services including health, education, social services and parent involvement to more than 11 million children and their families. Today, Head Start serves over 450,000 children in approximately 1,285 grantees, reaching poor children in all 50 states, the District of Columbia, Puerto Rico, the Virgin Islands, and the Pacific Territories.

Children enrolled in Head Start come from a diverse group of families, almost all of whom are struggling to survive on extremely low incomes. Over 90 percent of all Head Start families live below the poverty line. In 1988, more than 75 percent of all Head Start families had family income below $9,000 and more than half were headed by a single parent (Congressional Research Service, 1990, based on data collected by the Administration for Children Youth and Families).



Head Start serves children ages 3 to 5, with 4-year-olds comprising more than 60 percent of the its population. However, some 13,000 children age birth to 3 are also served in 38 Parent and Child Centers and in a network of migrant programs across the country. More than 13 percent of Head Start enrollment consists of children with handicapping conditions.

Head Start's primary goal is to promote the "social competence" of children. Social competence means the child's everyday effectiveness in dealing with both the present environment and later responsibilities in school and life. Zigler and Trickett (1978) identified four major classes of variables to be included in any index of social competence: physical health and well-being, formal cognitive ability, achievement, and motivational and emotional variables.

Performance standards play an important role in promoting social competence and maintaining the quality of programs. They specify that Head Start programs must deliver a wide range of services to ensure comprehensive care including health, education, parent involvement and social services. The program maximizes the strengths and unique experiences of each child. Parents, who are the principle influence on the child's development, must be direct participants in the program.

Achievements

Support

"Everyone Likes Head Start" was the title of a 1989 article in *Newsweek*. Over the past 25 years, Head Start has been widely recognized as a huge success. Prominent policymakers and leaders in the business community have endorsed the Head Start program. An article in *Fortune Magazine* (April, 1989) entitled "How Can We Win the War on Poverty" said:

> If one principle approaches consensus across all ideological boundaries, it is that early intervention is essential and effective in the crusade against poverty. This means simply reaching children at a very young age and steering them in a productive direction, the principle embodied in the federal Head Start program. (Huey, 1989, p. 130).

Organizations calling for the expansion of Head Start and other effective early childhood programs include the National Governors' Association, the National Conference of State Legislatures, the National Research Council, and the Committee on Economic Development. Recent Congressional testimony by prominent members of the business community indicates broad support for Head Start. For example, speaking before the Joint Economic Committee, Frank P. Doyle, Senior Vice President of General Electric said:

> Head Start is the best starting point we have to invest in the kind of America we want . . . failing to support it fully will have harder consequences than ever before . . .

Speaking on behalf of the National Alliance of Business, William H. Kolberg said:

> We are not naive about what can be achieved realistically by this one program against the complex and destructive forces suffered by children in a culture of poverty. Large issues of housing, jobs, medical and child care must [also] be addressed. But in terms of providing children in poverty with a fair chance at an equal educational opportunity, the Head Start program has proven itself over the last 25 years.

Head Start also enjoys the strong support of the American public. Opinion surveys conducted for the Phillip Morris Company and the Roosevelt Center for American Policy Studies indicate that the majority of Americans believe that Head Start should be expanded.

Accomplishments

During the past 25 years Head Start has served as a national laboratory for innovative early childhood services.

- The Child Development Associate (CDA) program, created by Head Start in 1972, helps to ensure a larger pool of trained staff available to work with young children. Through a specialized training and assessment process, the CDA program has awarded professional credentials to 30,000 teaching and home visiting staff in Head Start and other early childhood programs who have demonstrated competence in working with young children.
- Home-based services allow isolated families, particularly in rural areas, to receive Head Start's educational, health, and social services. In 1989, there were more than 500 home-based programs.
- Bilingual-multicultural approaches focus on the diverse cultures represented in Head Start and on the needs of children whose primary language is not English.
- In 1989, more than 14,000 children were served in Indian Head Start Programs and more than 19,000 in Migrant Head Start Programs.
- Resource Access Projects provide training and technical assistance to Head Start staff working with handicapped children who by law must make up at least 10 percent of Head Start's national enrollment.
- Parent and Child Centers were developed to work with young children, prenatal to age 3, and their families.
- Innovative parent education material have been developed including "Exploring Parenting."
- Thousands of parents have benefited from Head Start career development opportunities.

- In the 1970s, Head Start pioneered the Child and Family Resource Program designed to provide a variety of services from which families could choose according to their needs. This innovative effort was a forerunner of today's family support movement.

Benefits

Head Start is an investment, not an expense. Early childhood services like Head Start have been shown to provide savings in costs for special education placement, crime prevention and welfare assistance. One cost-benefit analysis showed that taxpayers save three dollars for every one dollar invested in high quality early childhood education (Weikart, 1989).

Although Head Start cannot "inoculate" children against poverty, particularly in one year, a number of studies indicate that high-quality early childhood services have a positive impact on poor young children. These studies include the Consortium For Longitudinal Studies (Lazar, Darlington, Murray, Royce, & Snipper, 1982), the Perry Preschool Project (Berruta-Clement, Schweinhart, Barnett, Epstein & Weikart, 1984), the Philadelphia Study (Copple, Cline, & Smith, 1987), and the Syracuse Study (Lally, Mangione, & Honig, 1987). Research indicates that:

- Poor children who attend a good early childhood development program are better prepared for school, intellectually and socially.
- This good start probably helps them achieve greater success in school. Far fewer poor children who have attended good preschool programs need special education classes or have to repeat a grade.
- Greater success in school tends to lead to greater success in adolescence and adulthood, with lower rates of delinquency, teenage pregnancy, and welfare usage and higher rates of high school completion and employment (Weikart, 1989).

Reviews of Head Start research and evaluation provide insight into the broader range of positive effects on child and family health and nutrition, parent-child relations, parental self-esteem and self-sufficiency and community development. For example, the Head Start Synthesis Project conducted by CSR (McKey el al. 1985) found:

- Head Start has immediate positive effects on children's cognitive ability.
- Head Start has immediate positive effects on children's self-esteem, achievement motivation and social behavior.
- Head Start produces meaningful improvements in physical health, motor coordination and social behavior.
- Head Start has a favorable impact on families and communities.

Every year Head Start's comprehensive services provide low income children and their families with opportunities for optimal growth and development. According to the U.S. Department of Health and Human Services (1990):

- In 1988-89, ninety-nine percent of the children enrolled 90 days or more completed medical screening.
- Ninety-eight percent of those identified as needing treatment received it.
- Ninety-eight percent had completed all of the required immunizations or were up-to-date in their immunizations.
- Ninety-five percent of Head Start families received social services directly from Head Start or through referral to other agencies.
- Last year, more than thirty-five percent of the staff were parents of current or former Head Start children, and over 443,000 parents volunteered in their local Head Start programs.

These statistics are humanized by thousands of Head Start success stories. One such story captures what Head Start really means to families (U.S. Department of Health and Human Services, Office of the Inspector General, 1989, p. 6):

> A mother was involved in the Head Start program for a total of 4 years. The home visitor helped by first working on her self-esteem and then on life skills. A homemaker was secured by the Head Start program to teach her homemaking and cooking skills. The mother was brought to parent workshops where, at first, she only looked at the floor. Gradually, she became involved in the

policy council and eventually was elected president of the state parents' association. The home visitor assisted her in receiving vocational money which she used to attend a state college where she graduated magna cum laude in journalism. She now works for a local newspaper.

Data collected by the Silver Ribbon Panel confirm the success of Head Start. The panel was particularly impressed with the level of program satisfaction expressed by Head Start parents through the surveys and testimony. In the surveys, ninety percent of the parents spontaneously indicated a positive program effect on their child, and many spoke of improvements in the parent-child relationships (for further information on the survey see technical note 1, p. 56).

The following three statements from parents express the views shared by hundreds of others:

Head Start makes my son feel special, wanted, loved and cared for.

Head Start has helped build my family's self-esteem. It has given my children the opportunity and experience that I could never afford to give them. It has helped me learn better ways to use and acquire resources available in the community. After being a Head Start parent for 3 years, I have learned that I am just as good as anybody else; my opinion does matter, and if I apply myself and work toward a goal, I can make it.

Everybody has a Head Start story to say and a very successful one. Of course, my God has been my motto and he gave me a beautiful family. My mother immediately adopted me and soon began to feed me all the nutritional things that I needed. She explained the role that I had as a person, pulled me from under a rock. With loving care she spoke the beauty of understanding and accepting all things. She said that everything had a reason for being. I never met anybody who could accept me and all my faults. My mother would always pick me up when I fell down and then I looked around and said, is my adopted mother here, yes, of course, it's Head Start.

Silver Ribbon Panel Survey
Parent Responses:
(in order of frequency)

How Head Start Has Helped Their Child

1. Positive Impact on Education
2. Improved Social Skills
3. More Independent/Self-Sufficient
4. Increased Enjoyment of Child
5. Increased Self-Control/Self-Discipline
6. Improved Health and Nutrition
7. Increased Motivation to Learn
8. Enhanced Self-Confidence
9. Improved Speech

How Head Start Has Helped The Parent-Child Relationship

1. Helped Me Understand My Child
2. Helped Me Teach My Child
3. Helped Us Learn Together
4. Allowed Us To Communicate Better
5. Made Us Closer
6. Family Spends More Time Together
7. Made Parents Feel Proud of Child

Parents and staff attributed program success to the involvement of parents, parent-staff relations, the comprehensive nature of the services and the commitment of the staff. Rarely does one see such a high degree of satisfaction among the participants of a social program or the level of dedication exhibited by the people who deliver Head Start services.

The following five comments from Head Start directors* provide further insight into how the program establishes positive relationships and builds the self-esteem of children, parents and staff.

*Taken from oral and written testimony presented to the Silver Ribbon Panel, Fall 1989.

Once [Head Start] touches the lives of people, it makes you a new person [and] that impacts the family and community in which one lives.

Arvern Moore
Head Start Director, Mississippi

The key to Head Start's effectiveness has been its comprehensiveness that centers on the family. The child is not pulled away from the family, but the family grows as the child grows.

Cliff Rutledge
Head Start Director, Alabama

Head Start has been successful because it accepts and respects the parents as they are when they come into the program.

Sarah Greene
Head Start Director, Florida

Head Start, to me, with the exception of my husband and family, has provided . . . the people that I love most in the world. And many of those people are quite different in experience and background and color and religion than I am. And I think what binds us together is the special uniqueness of the Head Start experience.

Dr. Marce Verzaro-O'Brien
Head Start Director, New York

I am a product of the opportunity that's available in the Head Start program. I began as a volunteer. I moved through the ranks from a teacher assistant to a teacher, a center director, a regional coordinator, field operation coordinator, and eight years ago I was appointed the Head Start director of a program that serves over 3,000 children and 43 different sites. Along the way I completed my master's degree in early childhood and I'm also certified for teaching by the State of Florida. My success is merely representative of a wide range of comparable achievements by many of the members of the Head Start staff.

Ophelia Brown
Head Start Director, Florida

Chapter 2.

Head Start: Facing New Challenges

This basically positive view (of Head Start) does not mean that we should rest on our laurels. I prefer to think of Head Start not as a static program but as an evolving concept, an effort that must continue to grow and develop.

Edward F. Zigler, Ph.D.
Sterling Professor of Psychology
Yale University

The New Social Context

As Head Start moves beyond the first 25 years, it faces new challenges--challenges brought about by changes in the American family, in the nature of poverty and in the evolution of the early childhood field. This new social context reflects the dynamic landscape from which new directions for Head Start should emerge.

Changes in Poverty

For young children and their families, the world has changed dramatically since Head Start began in 1965. The plight of poor children has intensified, yet corresponding family supports have decreased. Many poor families are plagued by substance abuse, homelessness, and illiteracy, and many struggle towards economic self sufficiency in new training and welfare reform programs. A recent report by the U.S. House Select Committee on Children, Youth and Families (1989) provides us with an alarming picture of families in poverty over the years.

- Since 1970 the poverty rate for families has increased 40 percent.
- Today, one in four preschool children live in poverty.
- Black and Hispanic children are two to three times more likely to be living in poverty than are white children.
- The number of children living with single mothers increased from 7.5 million in 1970 to 13.5 million in 1988.
- Except for D.P.T., one quarter of preschoolers are not immunized against common childhood diseases.

The report also presents figures which demonstrate the rise in special problems faced by poor children in the years since Head Start began.

- The number of homeless people has increased in recent years, and the characteristics of the homeless population have changed to include significantly more families and children.
- The number of reported pediatric AIDS cases in 1988-89 is five times more than the number reported between 1981 and 1984.
- The number as well as the rate of official reports of child abuse or neglect has tripled since 1976.
- Since the 1960s, the teen-age pregnancy rate increased. Eleven percent of females ages 15 to 19 become pregnant annually.

Added to this picture is the rising concern over substance abuse. According to a major national study, it is estimated that about 11 percent of all newborns have been exposed to drugs (National Association for Perinatal Addiction, Research and Education, 1989). This growing problem has serious implications for all early childhood programs including Head Start.

Changes in Families

Along with these trends in poverty, we have seen a dramatic increase in the number of working women. According to the U.S. House Select Committee on Children, Youth and Families (1989), the proportion of children under 6 with mothers in the labor force has increased by nearly 80 percent since 1970, from 29 percent to 51 percent. The greatest growth in full-time employment has been among women whose youngest child is under age 3. According to the Children's Defense Fund (1990), by 1995, two-thirds of all preschool children will have mothers in the workforce. More and more two parent families need both parents to work to offset declining wages and to provide the bare essentials for their families. Single parent families, who are more likely to be poor than other families, have no choice but to work outside the home.

Despite these changes in the family, we are facing a shortage of quality child care, particularly for poor children under age 3. Low income parents all too often have to choose between economic self-sufficiency and poor quality child care arrangements.

Expansion of Early Childhood Services

Changes in the family, coupled with renewed interest in preschool education, have resulted in dramatic developments in early childhood services. These developments include an increase in the number and type of programs, particularly at the state level, and expanded knowledge regarding the ingredients of program success.

New programs. Many early childhood programs have emerged in the past twenty-five years in response to the needs of working women. Today, unlike 1965, there are more early childhood programs funded through a combination of local, state and federal public and private sector funds. New welfare reform initiatives continue to further expand the range, variety and demand for full day early childhood services.

Early childhood programs have also emerged through recent initiatives for education of the handicapped and as a result of the education reform movement. Concern over America's global competitiveness, and the increasing shortage of skilled workers available to use new technologies, encouraged a wave of education reform in the 1980s. Given its long term

benefits, early childhood education has become a centerpiece of this new reform movement. This commitment to "school readiness" is reflected in the recently released National Education Goals.

Today, unlike in the early days of Head Start, thirty-five states have state-funded preschool programs. Several states supplement Head Start programs or use a Head Start model. Other state programs however, lack the scope of services provided by Head Start (Mitchell, Seligson & Marx, 1989). Despite program growth, low-income children today are less likely to be enrolled in preprimary programs than non-low-income children.

Ingredients to program quality. As interest in early childhood has grown, so has our understanding of key ingredients to program quality. According to David Weikart, President of the High/Scope Educational Research Foundation, (1989), effective early childhood programs share the following characteristics:

- A clearly stated, validated curriculum that features child-initiated activities.
- At least two adults for each group of sixteen to twenty preschool children.
- Staff trained in early childhood education, and a clear plan for continued in-service training and for systematic classroom supervision in the curriculum methodology.
- Effective procedures that help the staff observe each child's responses to the environment and the programs.
- Active involvement of parents in developing and operating the program, and in parent training activities.
- Good administrative backup, and clear links to such comprehensive services as health, nutrition and social supports.

Similarly, Lizabeth B. Schorr (1989), author of *Within Our Reach: Breaking the Cycle of Disadvantage,* found these ingredients for success:

- Programs are comprehensive and intensive.
- Staff have time, training and skills necessary to build relationships of trust and respect with children and families.

- Staff deal with the child as part of a family, and the family as part of a neighborhood and community.
- Programs cross long-standing professional and bureaucratic boundaries.

Since 1965, well qualified staff has emerged as the most important ingredient to program success. Yet, new opportunities for women and poor compensation available in the early childhood field are causing severe staff shortages. The recently released "National Child Care Staffing Study" (Whitebook, Howes & Phillips, 1989), documents the effects of the staffing crisis on the quality of care. Without adequate compensation, early childhood programs cannot recruit and retain qualified staff and provide effective services.

Implications for Head Start

Head Start's record of achievements and experience in providing comprehensive services to low-income children and their families, makes it the perfect program to address these new challenges and to help build a competitive and strong America. Head Start has the potential to serve as a model of comprehensive services, to reach large numbers of children and families, to respond to a diversity of needs, and to provide leadership in collaboration and research for the entire early childhood field. Yet today, funding for Head Start falls far short and limits the program's ability to meet its full potential.

Three conditions exist in Head Start that must be addressed. First, to be effective in the future, the program must continue to provide good early childhood services. However, Head Start faces threats to program quality, particularly in the ability to recruit and retain qualified staff and to provide adequate facilities and transportation services. At the same time, Head Start must respond to increasing numbers of multiple problem families. However, programs lack sufficient numbers of qualified staff to provide family support.

Second, in the upcoming years, Head Start must be expanded to serve all eligible children and must be flexible enough to meet the diverse needs of children and families. However, current policies which target four year olds for one year of service and discourage full day programs using Head

Start dollars, do not allow local flexibility. This leads to competition among programs and limits the availability and access of critically needed services for younger children and working parents.

Third, as the largest early childhood program, Head Start must provide leadership to the entire early childhood field. It must help develop a coordinated delivery system, ensure adequate community services for low income families, encourage the continuation of comprehensive services as children move on to the public schools and develop new knowledge to improve practice and policy.

The following sections discuss these critical issues in greater detail:

- the need to protect quality;
- the need to expand enrollment and service delivery; and
- the need for leadership to promote collaboration and to launch new research.

1. The need to protect quality

In order to be effective and to provide the lasting benefits that policymakers seek from early childhood programs, they must provide quality services. However, too often Head Start directors have been forced to choose between serving more children or maintaining quality, expanding the scope of services or maintaining a level of service that may not respond to the current needs of children and families.

The panel heard repeated concerns about Head Start's ability to provide quality services, due to inadequate funding, at a time when demands on program effectiveness are increasing. A 1980 report to the President detailed Head Start's reduced ability to provide quality services as a result of inflation in the 1970s (DHHS, 1980). A similar pattern continues into this decade as tight funding and pressure to increase enrollment threaten to weaken Head Start performance.

According to the National Head Start Association (1990), even with moderate inflation rates, funding per child in constant dollars has declined during the 1980s. NHSA reports that local programs have been

forced by financial pressures to increase "efficiency" through cost-cutting measures such as center consolidation, salary freezes, and reduced services. These measures compromise Head Start quality and present a false view of the cost of Head Start.

The Head Start Bureau projected an average federal cost per child in 1990 of $2,767 (DHHS, 1990). In contrast, the average expenditure for children in public schools (K-12) in 1988 was $3,456 (Rasell & Mishel, 1990) (See technical note 2). Clearly in comparison with schools, Head Start funding is low, especially in light of the additional comprehensive services it offers. In fact, the National Head Start Association estimates the cost per child of a Head Start program should be at least $5,400 (See technical note 3).

Unfortunately, the panel found several indications that the quality of Head Start programs is threatened by decreased ability to recruit and retain qualified staff, lack of training opportunities, the need to improve practice, expand family support, provide better facilities and transportation services and expand capacity to provide program oversight.

Silver Ribbon Panel Survey
Quality Improvements Needed
Most Common Response from Head Start Staff:
(in order of frequency)

1. Increased Salaries
2. Better Facilities
3. More Training Opportunities
4. Reduced Class Size or Improved Child-Staff Ratio
5. Better Transportation Services

Compensation. One of the most frequently expressed concerns in the testimony, surveys and reports is the deleterious effects of inadequate salaries and benefits on the program's ability to recruit and retain well-trained staff across all service components. This is not a new problem for Head Start. A report to the President stated:

> It is a disgrace that so many Head Start staff members have had to do without such standard employee protections as health insurance and retirement benefits for so long (DHHS, 1980).

A 1988 study by the Administration for Children, Youth and Families (ACYF) revealed that 47 percent of Head Start teachers earn less than $10,000 per year. The average annual beginning salary of a Head Start teacher with a B.A. in 1988 was $12,074 (63 percent of local public school salaries). Inadequate salaries are not limited to Head Start teachers. A 1988 ACYF cost analysis (Lewis, 1988) revealed the following national average salaries for other positions:

Coordinators:	Education	$ 15,034
	Health	$ 13,487
	Parent Involvement	$ 13,216
	Social Services	$ 14,758
	Social Service/Parent Involvement	$ 13,540
Aides:	Health	$ 8,311
	Social Service/Parent Involvement	$ 8,692

These low salaries often force Head Start staff (many of whom are women and former Head Start parents) to live in or near poverty, without critical benefits. This threatens the overall quality of the program. Programs often cannot recruit trained staff, lose qualified staff, suffer low morale and experience increased turnover. This situation becomes acute when public schools open new preschool programs, offering higher salaries and draining qualified staff from Head Start.

The issue of Head Start salaries was a major concern discussed in the surveys and testimony. Three Head Start directors from different regions of the country provide us a glimpse of the issue:

This year I lost two of my best teachers. They didn't leave because they were tired of Head Start or because they wanted to work some place else. They left because they couldn't afford to work for Head Start any longer.

Ron Herndon, Oregon
President, National Head Start
Directors Association

Improved salaries are a must . . . if you are going to maintain qualified staff. We train them for two or three years [and] they go to the school system. It's terrible that our people, our employees, even our coordinators, our management staff, [are] one paycheck away from the poverty line.

John Lovelace, President
Region VII Head Start
Association, Panel Hearing
Washington, DC
October 1989

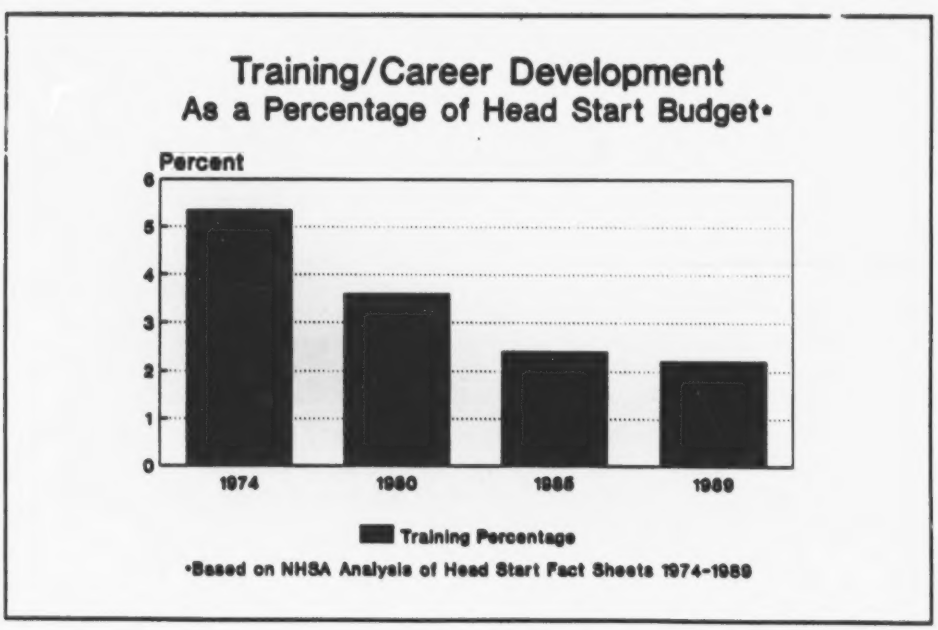
In many programs across our state, there are serious morale problems. These problems exist because of extremely low salaries and little or no fringe benefit programs.

Arvern Moore
Executive Director, Head Start
Holly Springs, Mississippi
Panel Hearing, Atlanta, Georgia
November 1989

The National Head Start Association recently conducted a salary survey. Although final figures are not yet available, preliminary results indicate that staff turnover had worsened in the fall of 1989 compared with the previous year for many Head Start programs. Low salaries were cited as the primary reason for turnover in almost half of the reporting programs (Collins, 1990). As Head Start moves to expand programs, the ability to recruit and retain staff will become even more difficult.

The panel heard concerns that turnover in Head Start may have serious consequences for children and families. Because the teacher is often such an important figure in the lives of Head Start children, turnover becomes a more serious issue. Similarly, it takes time to develop trusting relationships with parents. When turnover occurs, among teachers or among other staff that work with Head Start families, valuable relationships and potential benefits can be lost.

Training. Over the years the Head Start Training and Technical Assistance (T&TA) network has played an important role in helping programs maintain quality. Currently, ACYF funds a network of Regional Training Centers and Resource Access Projects that provide support to grantees. Grantees also receive direct funds for training. The T&TA network provides a range of services that include: on-site training designed to meet the specific needs of individual programs; training grantees in priority areas, including services to handicapped children; extra training and technical assistance to high priority grantees; personal technical assistance; newsletters and other resource material; and cluster training on current issues (Bayless, 1989).



Despite these accomplishments, Head Start training funds have not kept up with expansion. Moreover, the training network has at times suffered from disruption in service and changes in the delivery system. In fiscal year 1990, Head Start spent $30.6 million on training and technical assistance (DHHS, 1990). This includes technical assistance for services to handicapped children. However, as a percentage of total budget, Head Start training funds have decreased since 1974.

Although Head Start has been fortunate to have more training funds than many other early childhood programs, grantees are often faced with inadequate funds to meet the training needs, particularly for new staff. Due to turnover, intensive training must often be repeated year after year. The panel found several requests for additional training. For example:

- The keynote speakers from the First National Institute for Head Start Education Coordinators recommended continued leadership training for education coordinators and directors and training in developmentally appropriate practice and on parent education.
- The Parent Involvement Task Force called for additional training for parent volunteers and for parents serving on policy councils.
- The draft Health Task Force report calls for new training initiatives, particularly for cross component integration.
- The Multicultural Task Force recommended, among other things, additional resources and support to respond to a diverse population.
- According to the 1987-88 Program Information Report, although approximately half of the teachers have a CDA, the panel heard numerous requests for college training beyond this entry-level professional credential.
- According to a Preliminary Report on the Social Services Component, the typical Head Start Social Worker (managing a caseload of 67 families) has a high school diploma and probably some college (New York University, 1989). The Social Service Task Force recommended standardized social service competency training and a career ladder that addresses credits, licensing, degrees and in-service training.

- The Social Service Task Force asked for increased training for staff faced with the recent trends in homelessness, substance abuse, teen pregnancy and other issues affecting poor families.

Developmentally appropriate and culturally responsive practice. There are several indications that a renewed effort should be made to ensure appropriate practice in Head Start education services.

- New knowledge regarding developmentally appropriate practice.
- The repeated need for Head Start classroom practice to be responsive to increasing cultural and linguistic diversity.
- The increasing concern for inappropriate child assessment and lack of clarity and guidance on this issue.
- The increase in group size and in the number of younger children.
- The need for new methods to work with special needs children, particularly those exposed to drugs or homelessness.

In addition, since the early 1970s, The Head Start Program Performance Standards have provided a guide to program implementation. Although a comprehensive revision of the Performance Standards was drafted in the late 1970s, and recommended for implementation in the 1980 Report to the President, these revisions were never implemented. This is particularly troubling given the incorporation of new settings such as home-based services and programs serving younger children.

Family Support. According to a new report by the Office of Inspector General, DHHS, in recent years Head Start staff have expressed concern over the growing number of multiproblem families enrolling in the program. In the study, about 84 percent of the grantees noted increased demands on staff time for such activities as one-to-one counseling, assistance to parents and extra home visits. About two-thirds of the respondents said that staff was adversely affected by the stress, burnout and frustration caused by these demands (DHHS, OIG, 1989).

With the increase in multiproblem families, the need for Head Start's comprehensive services is stronger than ever. All too often extended families and other traditional supports are not available. Parent involve-

ment, the hallmark of Head Start services, is much more difficult to plan and carry out today because of the severity of poverty and the diversity of families. The panel survey indicates that many Head Start programs are finding that they need to provide expanded family support in order to encourage parent involvement in the program and in the lives of their children. At the same time, more individualized approaches to parent involvement are needed in order to respond to different family situations.

Yet, the expansion of family support appears to be hampered by lack of adequate staff and a need for more integration of services. Ironically, as the needs of Head Start families have intensified, many programs have been forced to eliminate or combine positions in order to reduce or contain costs. As one Head Start Director put it, "How can we expect quality services from an employee where a job title is Bus Driver/Social Service and Home Visitor" (DeLeon, 1989). Studies sponsored by the Administration For Children, Youth and Families (ACYF) illustrate heavy caseloads and make recommendations for improvement. The National Head Start Association (1990) analysis of these reports indicates a lack of full time Health, Parent Involvement and Social Service Coordinators in a number of programs (See technical note 4).

Another barrier to family support appears to be the need for greater integration of health, social service, parent involvement and education services. The draft Health Coordinator Task Force (HCTF) Report lists a number of barriers to component integration including: isolation of component coordinators, lack of clarity of local program structure and goals, and separate planning for health, education, social services and parent involvement.

Facilities, transportation and other non-personnel costs. Over the past decade, Head Start programs have experienced a shortage of affordable and appropriate facilities. Due to an expanding preschool population, public schools have taken back space that they had given or rented to Head Start programs in the past (Goodman & Brady, 1988). This is most alarming since the General Accounting Office estimates that 29 percent of Head Start's facilities are located in public school buildings. The panel heard reports that many landlords are no longer willing to give donated space and, in many cases, are asking for commercial rates. One Massachusetts Head Start director reported that rent costs had increased 100 percent in 1989 (Santos, 1989).

In some cases, Head Start programs are forced to vacate space due to increased rents, despite the substantial investments already made in renovations. The panel also heard reports of the inadequacy of current facilities. For example, one survey by the Mississippi Head Start Directors found that 25 percent of the centers needed to be replaced (Moore, 1989). In some areas, rising costs for renovation serve as a disincentive to repair facilities, particularly when they are seen as temporary. Head Start centers located in old buildings often have outdated electrical wiring, heating equipment and appliances that are expensive to maintain (Hill, 1989).

The lack of available space often affects the program's ability to expand services. New classrooms and parent rooms are scarce. Programs may be forced to run double sessions, reducing their ability to increase hours of operation, despite family needs. For all of these reasons, the panel heard repeated requests for the construction of permanent Head Start facilities.

The need for better facilities is matched by the demand to improve transportation systems. Transportation is often one of the most expensive items in the budget because of the rising costs to purchase and maintain vehicles and insurance, comply with state and local safety standards and train and support staff. As a result of cutbacks in transportation systems, some grantees have narrowed the geographic area they serve or serve different types of families. This leads to decreased ability to serve many rural areas and to the use of home-based services, regardless of family needs. In addition, in their responses to the Silver Ribbon Panel surveys, many parents mentioned lack of transportation as a disincentive to parent involvement and a barrier to obtaining both medical services and job training opportunities.

Finally, Head Start programs are experiencing rising costs in the non-personnel items such as insurance, utilities and telephone service. One Head Start program reported that over the past five years, they have received a 12 percent increase in federal funds, an average of 2.4 percent a year; yet the non-personnel costs have increased by 46 percent over the same five years (Santos, 1989).

Program oversight. The administrative oversight of Head Start has been an area of concern for the past decade. The 1980 report to the President (DHHS, 1980), found that the number of national and regional office staff had declined considerably since 1970 despite the program growth. In addition, the report found that regional office staff needed training in child development and additional travel funds. It concluded that at the national and regional levels, Head Start should be given the resources necessary "to administer a program of its stature." It is of serious concern to the panel that this situation appears to have continued unchanged, and perhaps has worsened, a decade after this finding was presented.

The 1980 report also found that greater emphasis should be placed on translating data gained from program monitoring into actual program improvements. It suggested increased feedback from the national level to regional administrators and local grantees. Currently, two relevant Head Start data collection systems exist. The Head Start Program Information Report (PIR) provides program information on actual Head Start services provided to children and families. The Head Start Cost Analyses System (HSCOST) provides information on planned program design and cost. The panel found that there is limited official reporting of the PIR data to the public and that the PIR needs revision, particularly in the area of health and parent involvement.

2. The need to expand enrollment and service delivery

The panel heard concerns about the need to expand Head Start both in terms of the number and age of children served and in the options available for service delivery. This section discusses issues of enrollment, program options, full day services and income eligibility.

Enrollment. According to the U.S. Bureau of the Census (1988), there are five million Head Start eligible children, five years old and younger, living in the United States. Head Start serves one out of five eligible three to five year old children and only 13,000 of the possible 2.5 million children under age three. Although kindergarden programs are available to the large majority of Head Start eligible five year old children, and an unestimated number of Head Start eligible three and four year olds are now served in state funded preschools, the demand for Head Start services is still tremendous.

The panel heard requests to expand Head Start to serve more children. We heard stories of long waiting lists for Head Start programs, particularly where no other services exist, for example, for Indian and Migrant children. We heard concerns that state funded preschools may not be appropriate alternatives to Head Start if comprehensive services are not provided. At the same time, we heard the need for flexibility to serve children under age four.

Despite the need for flexibility to serve younger children, and legislative provisions that allow younger children and multiple years of service, recent Head Start policy is focused on providing only one year of service for four year olds. This has been suggested as a way of targeting limited resources and reaching a higher percentage of the eligible population (with eligibility defined as four year olds).

The panel heard serious concerns over this narrow definition of eligibility and the trend towards limiting multiple years of Head Start service. Head Start staff and parents spoke of the critical need to serve three year olds. Developmentally, the age of three is often seen as a transition between the toddler and preschool period (Bredekamp, 1987). It is during this critical period that children are beginning to establish their rapidly expanding language and social skills.

Head Start staff report that they often need two years to provide the benefits reported by quality early childhood programs. This is especially true when serving multiple problem families. Staff report that it often takes the entire first year to get to know the children and parents well enough to provide effective services. Similarly, for children whose primary language is not English, a segment of the Head Start population that has grown over the years, the second year is often critical.

The panel heard requests to serve children under age three. The potential for promoting healthy development, reducing infant morbidity, intervening with teen-age parents and filling the gap for services to very young children with handicapping conditions, all point to the need to expand Head Start services to this age group.

The need for Head Start services for three year olds and younger was reinforced to the panel by the growing number of Head Start parents in the workforce or in new training programs. Most states are requiring participation in new welfare reform programs for mothers with children age three and over. In fact, at least eight states will require participation of

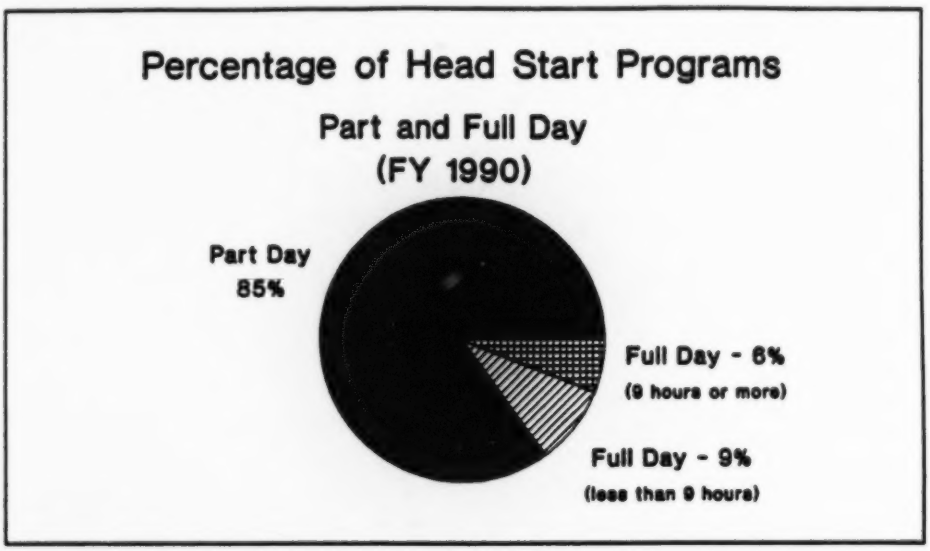
parents with children under age three (American Public Welfare Association, 1989). Lack of adequate care for these very young children may place them at further risk if they spend multiple years in poor and inconsistent programs that do not provide the comprehensive services critical to low-income children.

Program Options. The majority of Head Start services are now provided in center-based or home-based programs. Over the years, Head Start has successfully developed other models of service delivery. These include the Parent and Child Centers (PCC) and the Child and Family Resource Program (CFRP), both of which could serve as potential program options. Currently 38 PCCs serve children under age three and focus on parent-child interactions. However, this option is not open to other Head Start programs. CFRP was a highly successful demonstration program launched in the 1970s which served the total family and focused on children birth through age eight. Head Start no longer funds this demonstration.

In addition to these possible options, there are at least two dozen Head Start family day care programs. Although there has yet to be a national demonstration and evaluation of this model, such a family setting has great potential as the program moves to serve younger children, additional children under particular stress, and working parents.

Finally, Head Start has always encouraged local innovation. However, there are no formal criteria or procedures that guide programs which seek to develop a locally designed option. At a time when programs need a variety of alternatives, yet need to maintain program standards, additional guidance for the development of such services is critical.

Full Day. At a time of increasing employment among parents, Head Start has been moving away from directly meeting the extended day needs of working families using Head Start dollars. It is estimated that the percent of full-day programs declined from one-third in 1972 (DHHS, 1980) to about 15 percent today. Furthermore, even programs characterized as full day often meet for less than a full working day, fewer than five days a week or fewer than 12 months a year. Only 6 percent of Head Start children are in a nine-hour-per day program (CRS, 1990). Despite the limited number of full day programs, a 1988 study showed that 32 percent of Head Start parents were working full-time, and another 19 percent worked part-time, had seasonal jobs or were in school or training programs (NHSA, 1989).



Results from the testimony and the survey indicated strong support for full-day/full-year services. Lack of such services were seen as a barrier to enrollment of some families since parents often could not arrange care (or transportation) for the remaining portion of the day.

In the Silver Ribbon Panel survey, parents most often listed the need for extended hours and days of operation as an area that needed improvement. One parent responding to the panel survey said:

> [We need] all day [care] for parents who work. That's the problem with so many parents, they cannot work because of the time schedule. Parents who are low income really need the extra earnings.

Similarly, Head Start staff listed full day services as a priority. One staff member put it this way:

> [We need] longer hours so parents can work and know their child is in a safe place that is not costly. Some parents quit their jobs because child care is so costly.

One Head Start Early Childhood and Family Development Director from Minnesota described changes in Head Start families:

> The face of poverty in our area and I think around the country is changing. We are now faced with a growing population of working poor. The needs for this population are different than those needs that we have seen in the past. We must evolve and adapt to meet the new needs and still provide the same comprehensive services to both the children and the families.
>
> Robert Benes
> Lakes and Pines Community Action
> Panel Hearing, Washington, D.C.
> October 1989

According to a recent DHHS Information Memorandum (January 19, 1990), current Head Start policy states that funds can be used for full day services only to children who need these services because they:

- have special needs,
- are from homes where stress due to factors such as seriously ill or emotionally disturbed parents is so great that full-day care for the child is essential, and
- have no care given at home because parents are employed in job training.

Despite this written policy, which basically allows full-day Head Start, programs are not encouraged to provide such services using Head Start funds. Instead, they are encouraged to seek and make maximum use of non-Head Start resources for financing full-day services. According to the Congressional Research Service (1990), a 1988 HHS study found that in some cases grantees were required to discontinue their full-day programs and convert them to part day (See technical note 5).

Due to the needs of families however, many Head Start agencies have become involved in efforts to provide or broker child care services needed in the community. To do this they often enter into collaborative arrangements with other local programs and become involved in the use of other resources. "Wrap-around" funding is a term frequently used for this combination of Head Start funds with other federal, state or local funds to extend Head Start services. The source of such funds may be state Social Services Block Grants, JTPA, work/welfare, parent fees or other mechanisms.

Head Start directors are faced with complicated, time-consuming decisions about enrollment policies, cost allocations and the establishment of fees for service. Although wrap around funds allow programs to extend hours as well as provide linkages with other programs, a survey conducted by The National Head Start Directors Association (1989) indicated a number of disadvantages associated with "wrap around" including:

- inadequate funds to maintain Head Start standards,
- conflicting regulations and eligibility and fiscal requirements,
- uncertainty of continual funding, and
- bookkeeping problems and additional paperwork associated with multiple funding sources.

Grantees depending on Social Service Block Grant funds say that it limits their ability to provide comprehensive services and that they could do much more for families if they were fully funded by Head Start. Other practical problems faced by programs interested in providing full day services include space availability, moving from a school calendar to a full year and a range of staffing issues.

Testifying before the panel, one early childhood expert expressed the concerns of many when she said:

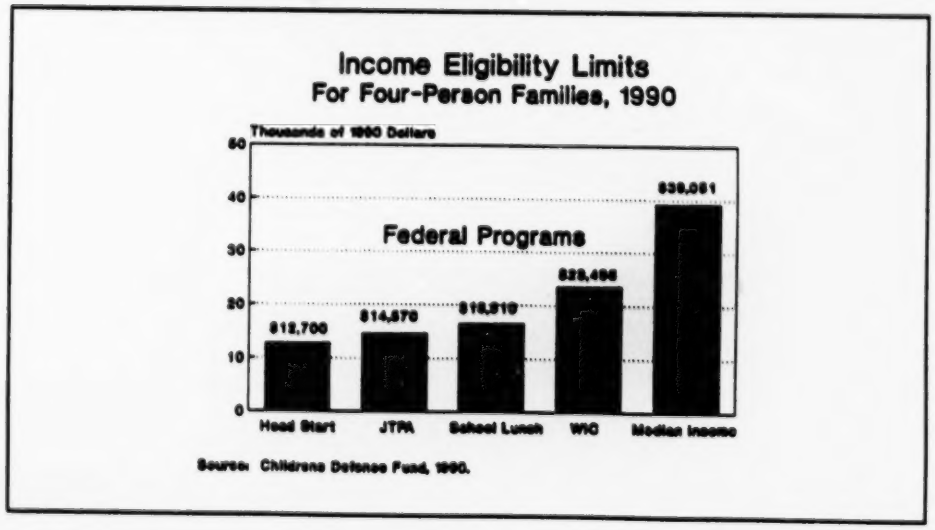
> To be true to the ideals of Head Start, we cannot talk about "wrap-around" child care. Wrap-around is a fine description for funding, but it is a very dangerous concept programmatically. Wrap-around implies that children are compartmentalized beings who need education for a few hours and care for other hours. It implies that Head Start staff are different people from child care staff, paid differently, with different preparation . . . I think the concept we really need to be working from is extending Head Start, weaving a larger blanket that covers the child and family for more of the day and year.
>
> Anne Mitchell
> Associate Dean, Bank
> Street College of Education
> Panel Hearing, Atlanta, Georgia
> November 1989

While wrap-around funding has taken a priority role in Head Start strategic planning for the future of full-day Head Start, the National Head Start Directors Association has expressed concern that little has been done to actually define wrap-around funding and to explore or resolve the variety of issues facing programs.

Income guidelines. The panel heard concerns over the lack of flexibility of Head Start income guidelines. To be eligible for Head Start, family income must be below the Office of Management and Budget (OMB) poverty income guidelines. The lowest income families are given preference. However, ten percent of Head Start families can be over-income.

The panel heard three concerns regarding the income guidelines:

- Head Start eligibility requirements are more stringent than for other federal programs.
- Local cost of living or family circumstances may require flexibility to allow more than ten percent at risk families who are above federal poverty guidelines. This is particularly relevant where no other services, or limited services, are available.
- If Head Start is to encourage continuity of services and economic self sufficiency, there may be a need for flexibility of the income guidelines or the use of a sliding fee scale.



3. The need for federal leadership to promote collaboration and research

The panel reviewed the need for federal leadership to promote Head Start collaboration with other early childhood programs, including the schools; with other human service providers and with the business community; and to launch new research that could benefit Head Start and the entire early childhood field.

Follow-up as children move on to public schools. There is increasing concern that the progress made by children in the Head Start program may be lost when there is not continuation of comprehensive services in the school. At the federal and local levels, there has been a general lack of collaboration between Head Start and federal programs serving low income families such as Chapter I and Follow Through.

In recent years, ACYF has put considerable effort into improving the transition of children as they move to kindergarten. Although these efforts have been useful to the initial adjustment of children as they enter school, the panel heard many requests for the schools to become much more involved with families and to provide comprehensive services throughout the primary grades. This concern was also expressed by the Early Childhood Task Force of the National Association of State Boards of Education which called for comprehensive, developmental services through the primary grades (NASBE, 1988).

Collaboration with other early childhood and human service providers. When Head Start began in the 1960s, it was most often the only early childhood program in a community. Today, in communities across the country, more and more early childhood programs have emerged. Although Head Start often still provides the most comprehensive service available to low income young children in many communities, today Head Start may compete with other early childhood programs for children, staff and space. New funding streams are also now available to Head Start programs to expand services. The emergence of both these new programs and new funding streams contribute to the need for Head Start to link with other early childhood providers in the community and to provide leadership to help build a coordinated delivery system for all children and families.

At the same time, Head Start programs face new challenges in linking with other human service providers. Community services often cannot keep up with the demands made by the increasing number of multiple problem families with new types of service delivery requirements. Head Start programs that depend on referral to community agencies, often find limited access to needed services for their families. Collaboration with other programs is needed to advocate for new and improved services in the communities and states.

Panel survey and testimony revealed that although many Head Start programs are making tremendous progress towards collaboration, they often lack incentives due to:

- limited public awareness of Head Start,
- inconsistent eligibility criteria and regulations across programs,
- limited paid time for collaboration, and
- barriers to launching creative funding initiatives with other local programs already serving Head Start eligible children.

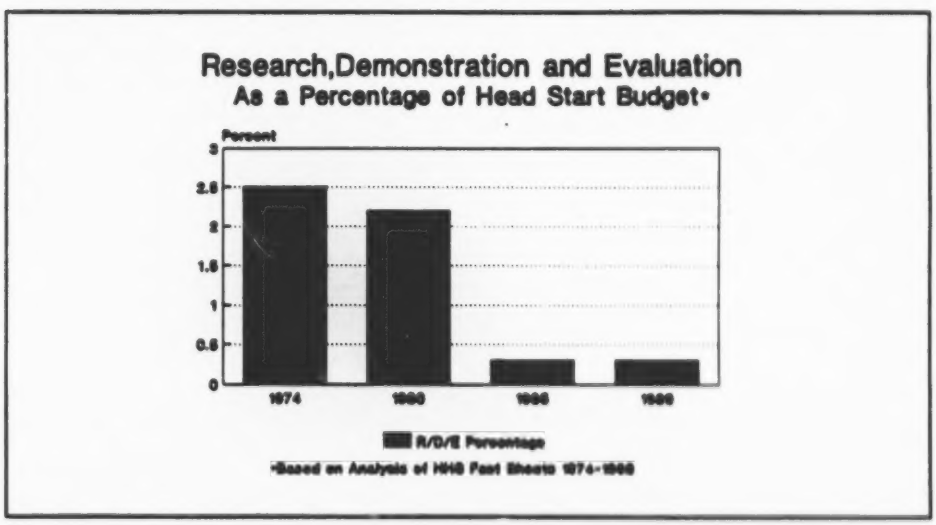
When collaboration does not occur, it often results in confusion for parents exploring program options for their children, inability to make referrals, duplication of effort and a reduced ability to mobilize forces and serve as a catalyst for expanding and improving services in a community.

Collaboration with the business community. Businesses have made great strides in promoting educational reform. The landmark report by the Committee for Economic Development, *Children in Need* (CED, 1987), recommended that business become a driving force in the community on behalf of public education and a prime advocate of educational initiatives for disadvantaged children. The panel heard requests for business involvement in promoting and investing in local Head Start programs and for sharing their management expertise with the Head Start community.

The panel heard requests for new federal initiatives that would link the business community with local Head Start programs. Although there have been many important new corporate initiatives on child care and family issues for their employees, there is concern that such initiatives may not be reaching the Head Start eligible population.

Research. Over the past 15 years, the percentage of the Head Start budget devoted to research, demonstration and evaluation (RDE) has decreased. In 1974, 2.5 percent of the overall budget was used for research and experimentation; in 1989 only .11 percent of the total budget was devoted to RDE activities. Current Head Start policy is primarily based on research conducted on programs designed many years ago. As problems faced by children and families change, there is a need for a new wave of research to inform decision makers on current policy issues.

Collins and Kinney (1989) have characterized Head Start research as passing through three periods. The first wave of research in the late 1960s and early 1970s focused on whether intervention programs harmed or helped young children. The second wave looked at the type of curricula and service delivery that would prove most effective. Currently, there is a call for a third wave of research to explore the ingredients for delivering effective Head Start services for various types of children and families and for sustaining Head Start gains.



In addition, Head Start has continued to be a leader in launching local innovations to respond to current issues facing children and families. However, there have been few coordinated and systematic efforts to disseminate what has been learned from such innovation both within the Head Start community and in the larger early childhood and human service field.

Chapter 3.
Head Start: A Renewed Vision

The concept was firmly established in the minds of the public and the [profession] that child development could be favorably affected by the organized and integrated efforts of parents, educators, health workers, nutritionists and psychologists, as well as many others.

Robert E. Cooke, M.D.
Chairman, Head Start
Planning Committee

Head Start approaches its 25th anniversary with an impressive record of achievement and a new set of challenges. Head Start was originally designed to serve as a model of comprehensive services including health, education, parent involvement and social services; to be flexible enough to meet emerging needs; and to provide leadership in serving low income children and their families. The Silver Ribbon panel believes that these principles are as sound today as they were tweny-five years ago.

However, the world has changed dramatically since 1965. The percentage of children in poverty has increased, the American family has changed, the supply and demand for early childhood programs has grown, and we have new knowledge regarding the ingredients of quality services. To meet these new challenges, Head Start must continue to serve as a model by ensuring program quality, must remain flexible by expanding in a way that meets the diversity of needs of today's children and families and must exert leadership by helping to develop a more cohesive system of services among the many new programs that have emerged.

The Silver Ribbon panel takes a broad view of the Head Start of the twenty-first century. Since we know that low-income children and families today have a variety of needs, our vision of Head Start includes an expanded enrollment and service delivery that is more responsive to such diversity. This means allowing additional program options, including full day, and allowing multiple years of service that may begin at a younger

age. We see Head Start becoming a model of quality, a catalyst for change and a source of innovation within a network of services for young children and families.

To continue Head Start's record of achievement, we recommend that the federal government:

- Invest in the quality of Head Start to ensure that the program provides effective comprehensive services to children and families.
- Increase funding so that all eligible children who need Head Start can participate and local programs can provide services that meet the needs of today's families.
- Provide leadership to build a more coordinated and effective system of services for children and families through collaboration and research.

1 Invest in the quality of Head Start to ensure that the program provides effective comprehensive services to children and families.

The panel believes that protection of program quality is the top priority. Program expansion should never occur at the expense of quality. The panel envisions a Head Start in which program quality is enhanced by providing equitable salaries, adequate training and technical assistance, appropriate practice, expanded family support, safe and healthful facilities and transportation services and sufficient program oversight. The panel believes that there should be a specific quality set aside in any new Head Start funds. Although a specific percentage was not identified by the panel, leading Head Start experts have suggested a quality set aside of 20 - 30 percent (Kagan, 1990; Zigler, 1990).

Strategies to improve staff compensation

Immediate steps should be taken to provide equitable salaries to all Head Start staff. We commend ACYF for moving towards minimum teacher qualifications, however, we believe that there must be a firm and corresponding effort to provide decent salaries and benefits for all staff. We suggest the following:

- Provide immediate salary increases to all staff and earmark a responsive portion of all new funds for salary increases.
- Develop and implement a career ladder for all staff based on ideas generated by ACYF component task forces and other segments of the Head Start community. Work with professional associations such as NAEYC, the National Center for Clinical Infant Programs, the American Academy of Pediatrics and the National Association of Social Workers to develop a professional development model for Head Start.
- Explore new initiatives to supply health benefit packages and retirement funds for all Head Start staff.

Strategies to improve training and technical assistance

We commend ACYF for its continued support of CDA, and for its support of the Regional Resource Centers, the Regional Access Projects, and for its new efforts to expand T&TA for home based programs. However, we recommend that immediate steps be taken to increase the amount of training and technical assistance and the intensity of approaches used. We suggest the following:

- Increase the earmark on T & TA funds to more adequately reflect expansion and current issues facing the program especially the need for developmentally appropriate practice and expanded family support.
- Evaluate the effectiveness of various approaches to training.
- Provide guidance which promotes training which is: long term, competency based, supervised, focused on staff/child and staff/parent interactions, and that provides college credit.
- Expand supervisory training.
- Develop materials and guidelines for staff orientation.

Strategies to promote practice that is developmentally appropriate and responsive to the cultural and linguistic groups represented

As Head Start moves to serve both younger children and more diverse populations, efforts to provide appropriate practice must intensify. Building on current ACYF efforts, we encourage more vigorous plans to promote appropriate practice. We suggest the following:

- Convene a formal Education Coordinators Task Force to identify issues facing the education component and to develop recommendations for improvements.
- Launch a comprehensive effort to revise and upgrade Head Start Performance Standards to reflect new knowledge, younger children and new settings including home based.
- Identify or develop new materials to promote developmentally appropriate practice for children birth through age 5.
- Develop and promote assessment policies that reflect developmentally appropriate practice and are culturally relevant.
- Ensure that all programs meet all Head Start Performance Standards. As a supplemental outside review, continue to encourage center accreditation through NAEYC.
- Provide substantial new resources, training and innovation on multicultural/bilingual programming across all components and services.
- Ensure that staff reflect the cultural and linguistic groups represented.
- Implement proposed program option guidelines for group size, but allow flexibility for special types of classes (smaller groups for children of substance abusers, etc.).

Strategies to strengthen parent involvement

Building on the Parent Involvement Task Force, we recommend more intensive training for parents, clearer policies on parent involvement and the development of new initiatives that reflect the life circumstances of individual families. We suggest the following:

- Provide expanded training and materials to parents for their role as both volunteer and decision maker in the program.
- Develop a list of minimum grantee requirements or indicators, as suggested by the Parent Involvement Task Force, to help assure grantee compliance with the Performance Standards for parent involvement.
- Reinforce parent policies that ensure home visits, space for parents, career opportunities and clear communication of program information.
- Launch additional innovations in parent involvement for different types of families (teens, fathers, working parents, hard to reach families, etc.).
- Establish a national clearinghouse on parent involvement.
- Convene a National Parent Involvement Coordinators Institute or series of institutes across the country to share successful practices.

Strategies to expand family support and health services

We recommend that ACYF vigorously move ahead to implement the recommendations of both the Social Service Coordinators Task Force and the Health Coordinators Task Force, particularly with regards to the integration of services to children and families and the call for additional staff. We commend ACYF for planning to launch family service centers to enrich programs' capacity to meet the needs of literacy, substance abuse and employability.

We envision a Head Start program with a more coordinated internal system that integrates the various components of Head Start (Health, Social Services, Parent Involvement, and Education). Such a system should provide for more intensive case management, perhaps through the

organization of family support units in which adequate numbers of family advocates work with a team of health and family support specialists. We suggest the following:

- Develop plans for the integration of Health, Social Service, Parent Involvement, and Education based on recommendations from the various task forces and other input from the Head Start community.
- Increase the number of family support staff to meet the 35:1 ratio recommended by the Social Service Task Force.
- Allow Child and Family Resource Programs as a Head Start option.
- Convene a national symposium on new directions for Head Start and family support.
- Provide additional training and materials particularly focused on meeting the needs of today's families.
- Hold regional or state institutes to allow programs to share successful models of family support and health services.
- Build upon the Commissioner's working group on substance abuse to develop new strategies for addressing this special problem.

Strategies to improve facilities and transportation

The panel recognizes the widespread concern to improve Head Start facilities and transportation systems. We suggest that much more vigorous and immediate action be taken to provide safe and healthful facilities and transportation systems. We suggest the following:

- Target additional funding for facilities and transportation.
- Explore the feasibility of building permanent multiuse Head Start facilities.
- Encourage partnerships for public and private investments in Head Start facilities.

Strategies to improve program oversight

We envision much stronger support for the management and monitoring of the Head Start program. We commend ACYF for providing program oversight despite limited resources. We believe, however, that substantial progress should be made, particularly as the program expands, to provide more appropriate levels of support. We suggest the following:

- Earmark funds to increase qualified staff at the national and regional level.
- Provide more training opportunities for national and regional level staff.
- Substantially increase travel funds for program monitoring.
- Ensure automation of administration at the local level.
- Include input from the Head Start community in upcoming plans to improve the Program Information Report (PIR).
- Present a formal Annual Report to Congress on the status of the Head Start program.

2 Increase funding so that all eligible children who need Head Start can participate and local programs can provide services that meet the needs of today's families.

We envision a Head Start expansion that allows much more flexibility for local programs to meet the specific needs of the children and families in a particular community. This view of expansion calls for increased enrollment and for allowing programs to decide the age and scope of services provided, justified by an assessment of family need. Furthermore, we see expansion not just as increasing enrollment, but also as increasing hours and days of operation to meet the needs of children and families. Finally, we believe consideration should be given to exploring issues related to the income guidelines.

Strategies to increase Head Start enrollment and provide additional program options

The panel believes that all low income children should have access to quality comprehensive child development and family support programs throughout their early years. We support the provision of quality Head Start programs to all eligible three to five year old children in need of services. We also believe that as Head Start moves to serve the needs of the total family, significant steps must be taken to build the program's capacity and expand to serve children under age three.

Head Start could offer a variety of services to younger children. Some children and families may benefit from the more intense work with parents available through the Parent and Child Centers and home visiting programs. Other families may need full-day services, as is provided in migrant Head Start or in newer models of satellite Head Start family day care homes. Whatever type of service, we caution that expansion must be carefully planned to ensure program quality and provide appropriate program support. Specifically, we suggest the following:

- By 1994, provide quality Head Start programs to all eligible three to five year olds in need of services.
- By the year 2000, make substantial progress to build the capacity and serve children in need under age three.
- Provide guidance and procedures for developing locally designed program models.
- Allow Parent and Child Centers and Child and Family Resource Centers to become options open to all Head Start programs.
- Launch a national demonstration and evaluation of family day care as a program option for delivering Head Start services.

Strategies to provide for full-day services

The panel recommends that Head Start programs be encouraged to provide full day services for those in need. While supporting the use of non-Head Start funds to supplement Head Start operations, we caution that such policies should be implemented in a way that provides con-

tinuous developmental services across a child's day rather than promoting a false dichotomy between care and education. We suggest the following strategies:

- Allow the use of Head Start funds for extended days/hours of operation.
- Ensure that the Performance Standards are in effect throughout the full day.
- Clarify and provide training on Head Start full-day policies across all regions.
- Develop initiatives to remove barriers to wrap-around funding.
- Supply materials and technical assistance to Head Start directors in the fiscal management of non-Head Start funds used to supplement Head Start services.

Strategies to explore flexibility in income eligibility criteria

We strongly believe that Head Start should continue to give priority to families with the greatest need. However, we realize that family circumstances and local costs may put many families at risk who are above the federal poverty level.

To begin to address this issue, we suggest the following:

- Convene a special working group of Head Start Directors to help define the income eligibility issues and to develop recommendations for future action.
- Consider launching a demonstration and evaluation project that would explore flexibility in income guidelines and experiment with sliding fee scales if needed.

3 Provide leadership to build a more coordinated and effective system of services for children and families through collaboration and research

As the largest early childhood program in the country, the panel believes that the Head Start Bureau has a responsibility to take a leadership role in promoting collaboration and research that will improve both Head Start and the entire early childhood field. Collaboration is critical given expanding commitments to early childhood services coupled with shortages of qualified staff and appropriate space.

Specifically we believe that collaboration should accomplish four goals: promote the continuation of quality comprehensive services to children as they move on to public schools, foster linkages with other early childhood programs, maximize the utilization and development of special services for low income children and families in a community, and secure stronger commitments from the business community for Head Start and other early childhood efforts.

We also believe that new Head Start research is needed to inform policy and influence practice. New research, demonstration and evaluation and innovation can help improve the effectiveness of Head Start and other early childhood programs.

Strategies to ensure continuation of progress as Head Start children move to public schools

Building on the work of ACYF's National Transition Steering Committee and ACYF's support of the NASBE Task Force, we recommend that a broad vision of transition be the focus of future efforts. New initiatives should go beyond bridging the initial gap between Head Start and schools by focusing on the continuation of progress made in Head Start through the primary years. We suggest the following:

- Convene an interagency task force to look at relationships between Head Start and such programs as Chapter I, Follow-Through, and schools administered by the Bureau of Indian Affairs.

- Solicit the opinion of a broad range of national education groups to explore ideas for new transition initiatives.
- Launch additional projects with Head Start feeder schools to help children stay ahead by continuing comprehensive services through a family support model.
- Develop new materials and train parents on their rights and responsibilities in working with the public schools as their child leaves Head Start.

Strategies to encourage linkages between Head Start and other early childhood and human service providers

The panel commends ACYF for facilitating information sharing about Head Start's role in State early childhood efforts and for their support of federal initiatives to link Head Start with the implementation of both the Family Support Act and the Education of the Handicapped Act. We envision stronger initiatives that would support the efforts of the State, Regional and Indian and Migrant Head Start Associations in promoting the Head Start model and accessing new resources for the Head Start community. We also envision more creative efforts that would allow Head Start funds to be integrated with existing early childhood programs and that would encourage collaborative training.

Head Start also needs strong linkages with other community human service resources to maintain quality in its day-by-day operation and to respond to the comprehensive needs of children and families. We recommend increased efforts by the federal government to link Head Start programs with federal, state and local public and private organizations and individuals with expertise in pediatrics, dentistry, nutrition, mental health, social services, family support and job training. We recommend initiatives that would provide local programs with technical assistance to assess and improve their state and local linkages. Finally we recommend incentives for staff involvement in community activities to expand and improve services for low-income children and families. We suggest the following:

- Provide material and support to help establish state and local early childhood councils to help foster continuity among programs and to serve as a coordinating and planning body.
- Convene a high level "summit" on the future relationship of Head Start and state funded early childhood programs.
- Establish a Head Start working group at the federal level that would bring together representatives from the Family Support Program, the Education of the Handicapped Program and Title XX. The working group would explore barriers to collaboration that affect programs at the state and local level.
- Fund demonstration initiatives to promote linkages at the state level between the Head Start community and state pre-K programs, state child care resource and referral networks, JOBS programs, education for the handicapped programs and Title XX child care programs, Medicaid, and health and family support practitioners.
- Offer many more opportunities for Head Start leaders to come together at the state and local level to share ideas about collaboration.
- Provide more concrete material that Head Start leaders can use to promote the Head Start model in new pre-K initiatives at the state and local level.
- Promote innovative approaches that use Head Start funds to supplement existing early childhood programs already serving Head Start eligible children.
- Explore the feasibility of establishing State Resource Centers to network the Head Start and early childhood community, promote the Head Start model and encourage collaborative training across early childhood programs.
- Provide incentives for local programs to link with other community-based organizations by allowing paid time to serve on community groups, and by supplying guidance material for assessing community resources and for facilitating community planning.

Strategies to promote linkages between Head Start and the business community

The panel recommends federal leadership to encourage the business community to become more directly involved in local Head Start programs. We suggest the following:

- Convene a special working group of Head Start directors and leaders from the corporate community to develop new collaborate private sector initiatives.
- Develop and disseminate, on a regular basis, successful examples of Head Start linkages with the private sector.
- Encourage businesses to invest in Head Start programs, to share management expertise with Head Start directors and to promote the Head Start model for new state and local early childhood programs.
- Work directly with business groups such as the Committee for Economic Development and the National Alliance of Business to identify new strategies for working with the business community.

Strategies to launch new research, demonstration and evaluation to influence program practice and inform policy decisions.

The panel commends ACYF for its continued support of local innovations and for recent efforts to launch a new wave of Head Start research, demonstration and evaluation.

We recommend that Head Start **research** move to a finer stage of analysis. A new series of research projects should be launched to explore issues such as:

- The effect of quality variables, particularly those related to staffing, training and program content.
- The effect of various types of services on particular kinds of families.
- The impact of Head Start on parents and the whole family and the community.

- Approaches to and the effects of multiple years of service.
- Approaches to and the effects of serving children at a younger age.

The past decade has seen a limited number of new national Head Start **demonstration projects.** As the program diversifies, more intense evaluation will be needed.

We recommend new demonstration and evaluation efforts in such areas as:

- Head Start and Public School linkages to maintain progress made in Head Start through the continuation of developmentally appropriate practice, parent involvement and other comprehensive services.
- Collaborative initiatives at the state and local level.
- Service delivery models for working with younger children in various settings, including family day care.
- Models that serve a mix of Head Start eligible and middle-class children.

Several **local innovations** have been initiated, particularly on substance abuse, literacy, homelessness, and employability. We recommend, however, that a much more vigorous approach to dissemination of results be developed. We suggest the following:

- Encourage those involved to publish the results of these innovations in professional journals and present at national, state and local conferences.
- Develop new materials to capture the results of innovations.
- Hold a series of institutes or training sessions to share successful practices with others in and outside the Head Start community.

Financing and Support of Head Start

A Statement of Principles

The purpose of the Silver Ribbon Panel was to develop recommendations for the program's future. To that end, our work focused mainly on developing a vision of quality and availability of services and assessing how such services fit into the needs of children, families and the community. Although we did not detail funding requirements or estimate costs, we offer the following three principles for consideration.

1. It is a federal responsibility to ensure that adequate resources are available to meet the recommendations for program improvement and expansion.

The panel recognizes that program expansion and improvement need substantial financial commitment. Although it is beyond the scope of this report to identify specific funding sources, because of Head Start's importance to the nation's future, we believe that it should be made a national priority in the federal budget (See technical note 6).

At the same time, we recognize that a federal role also calls for leadership to stimulate other public and private investments in Head Start. The federal government should take steps to promote the Head Start model where states and municipalities are creating new early childhood services. Similarly, partnerships between Head Start and the business community should be encouraged. Such partnerships may be particularly helpful to meet the needs for improved facilities and transportation systems. However, it is ultimately the responsibility of the federal government to ensure these improvements.

2. Head Start expenditures per child should be adequate enough to ensure program quality and flexible enough to meet local needs.

Current Head Start per child expenditures fall far short of ensuring quality. New funds should be targeted to protect program quality and per child expenditures should be increased. At the same time, as the types of services become more diverse, more flexibility is needed to allow the per child expenditures to respond to real program costs established at the local level.

3. Head Start expansion must be accompanied by the continuation, improvement and expansion of other early childhood and human services low-income families need.

Head Start's success with low-income children and families depends on the adequacy of a wide range of community services. Head Start's comprehensive services cannot fill in the gaps for a system plagued by inadequate housing, health and other family support services. Head Start's success depends on building a floor of services to encourage healthy and productive families.

Conclusion

The Silver Ribbon Panel spent approximately six months listening to the Head Start community and national experts, reviewing past committee reports and considering ideas for Head Start expansion and improvement. We hope that this effort will inform future policy decisions and contribute to the growing support for Head Start shown by the executive and legislative branches of government and the private sector.

To build on its success, the program must meet the new challenges of a changing world. We believe our recommendations renew the original Head Start vision, a vision which assured a quality, comprehensive program, allowed flexibility in meeting the needs of children and families, and provided leadership to the early childhood field.

Although our work over the past months has been intense, it has not been exhaustive. Our recommendations, therefore, are less specific than we would prefer. We conclude by recommending that the federal government establish a high-level advisory committee to the Head Start Bureau to consider the recommendations set forth in this and other Head Start reports, and to help plan long-term policy directions. Such a committee could include Head Start parents, and staff from education, health, family support and parent involvement, as well as national experts in these areas. We believe that the establishment of such an ongoing advisory group would assure that the spirit of this 25th anniversary will move Head Start forward to future success.

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Technical Notes

1. In the fall of 1989, an open-ended questionnaire was included in the National Head Start Association newsletter and distributed to 6,000 members. The purpose of the questionnaire was to provide the Silver Ribbon Panel members with a general overview of Head Start issues from the perspective of the Head Start community.

Head Start parents were asked two questions:

- How has Head Start helped you and your child?
- Are there any ways that Head Start can be improved or expanded to better meet your needs?

Head Start directors, staff and friends were asked five questions:

- What has made Head Start a success?
- How should the program be expanded?
- What quality improvements are needed?
- In what ways could the program be more responsive to families?
- How can collaboration be encouraged or expanded?

A total of 1,402 responses were received from 26 States. Of the total respondents, 926 were Head Start parents and 476 were Head Start directors, staff or friends. All questionnaires were coded by Collins Management Consulting, Inc. Common responses are reflected throughout this report. A more detailed analysis and reporting of the survey is currently underway.

2. This figure is based on data from the National Center for Education Statistics, U.S. Department of Education, *Digest of Education Statistics*, 1988.

3. Although this figure includes salary upgrades, it does not assume comparability with similar professionals in the community. However, it does assume full day/full year services to one-quarter of the enrolled children.

4. This analysis, conducted by Don Bolce, Information Specialist, NHSA, is based on ACYF memorandum and ACYF Task Force reports.

5. See Chapter III of *An Evaluation of Child Care Options for Work-Welfare Programs*, Final Report. Department of Health and Human Services. Office of Social Services Policy Prepared For Assistant Secretary for Planning & Evaluation, April, 1988.

6. Panel member Jule Sugarman recommends that panel members and federal policy makers support additional dedicated taxes to make feasible substantial progress on the recommendations set forth by the panel. He warns that too often legislation has been passed, but not funded, or sometimes funded at the expense of other valuable services to children and families. He believes that promises of improvement without assurance of funding are deceptive and undermind confidence in government.

Acknowledgments

The Silver Ribbon Panel was an independent project of the National Head Start Association. As Project Director, Dr. Joan Lombardi managed all aspects of the project and wrote the final report. The panel received support and encouragement from the board and staff of the National Head Start Association. We are particularly grateful to Mr. Don Bolce, Information Specialist for NHSA and Ms. Helen Blank of The Children's Defense Fund, for providing valuable resources and comment throughout the project.

Dr. Edward Zigler and Dr. Barbara Kamara shared expert advice at the first panel meeting and provided valuable comments on a draft of the final report. Also during the first panel meeting, Mr. Clennie Murphy, Associate Commissioner of the Head Start Bureau and Ms. Marlys Gustafson, Director of the Program Support Division, provided important input regarding current Head Start activities.

A dozen national organizations provided written input or standard materials to the panel at the beginning of the project. These included: the American Academy of Pediatrics, the American Association of School Administrators, the Child Care Action Campaign, the Child Care Employee Project, the High Scope Educational Research Foundation, the National Association for the Education of Young Children, the National Association of Early Childhood Specialists in State Departments of Education, the National Association of Social Workers, the National Center for Clinical Infant Programs, the National Conference of State Legislatures, the National Governors' Association and the Mental Health Law Project.

A number of distinguished experts in the field commented on earlier drafts of the panel's report. These included: Dr. Barbara Bowman, Dr. Ray Collins, Ms. Diane Dodge, Ms. Polly Greenberg, Dr. Jenni Klein, Ms. Ann Mitchell, Ms. Peggy Pizzo, Dr. Julius Richmond, Dr. Larry Schweinhart, Dr. Marilyn Smith, Ms. Anne C. Stewart, Dr. Barbara Willer and Ms. Marcy Whitebook. Numerous other people in the field offered advice and important input.

Several people provided assistance to the project. Ms. Vicky Boyle reviewed Head Start research. Ms. Kathleen Sheehan helped organize the Atlanta hearing. Ms. Christine Jones edited the initial draft. Ms. Ellen Wolpow and Ms. Catherine Burt helped with the preliminary analysis of survey data. Further analysis was conducted by the staff of Collins Management Consultants, Inc. Desktop publishing services for the text and charts of the final report were provided by Mr. Lon Chin of the Automated Edge, Inc. and the cover was done by Xanthus Design.

The Panel appreciates the overwhelming support that the project received from the Head Start community. The final report reflects the opinions of those parents, staff and other experts who provided critical input through their participation in the hearings and by their response to the panel survey.

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Biographical Sketches of Panelists

Ms. **Eugenia Boggus** is currently the President of the National Head Start Association and President of the Pennsylvania Head Start Association, Inc. She is a former Head Start parent and Head of the Consultation Division of the Preschool Development Programs, Inc., Pittsburgh, Pennsylvania.

Dr. **Susan S. Aronson** representing the American Academy of Pediatrics, is a consultant on health and safety concerns in early childhood group settings. She is a Clinical Professor of Pediatrics at Hahnemann University and a practicing pediatrician in the Philadelphia area. Dr. Aronson has been involved with Head Start since 1971 when she served as a health consultant to the Howard University Head Start Program.

Ms. **Mattie Brown** is Executive Director of Utica Head Start Children and Families, Inc. in Utica, New York. She is past President of the New York State Head Start Association, and has served on a number of special committees and advisory boards including the Governor's Special Advisory Committee on Child Care for New York State.

Dr. **Gail C. Christopher** is the President of GCCE, a human service training and consulting firm. Prior to launching her own firm, she served as the Executive Director of the Family Resource Coalition, a national membership organization that represents community based family support programs.

Mr. **Raul Cruz** is a member of the board of the National Head Start Parent's Association and a member of the board of the National Head Start Association. He is a former Head Start parent and has served on the board of a number of organizations including "Utah Issues", an advocacy group focused on issues of interest to low-income families.

Ms. **Marian Wright Edelman** is President of the Children's Defense Fund, a non-partisan, non-profit organization headquartered in Washington, DC, whose mission is to provide a strong and effective voice for the children of America who cannot vote, lobby, or speak out for themselves, especially poor and minority children.

Ms. **Sandra Kessler Hamburg** is Director of Education Studies for the Committee for Economic Development (CED). She served as writer and project editor for two highly acclaimed CED policy studies on education reform: *Children in Need: Investment Strategies for the Educationally Disadvantaged* (1987) and *Investing in Our Children: Business and the Public Schools* (1985). She is currently serving as project director for a new CED report on next steps for education reform.

Dr. **Betty L. Hutchison** is Dean of the Human Services Institute of the City Colleges of Chicago. She is also Executive Director of the Child Development Associate (CDA) Training Project for the Head Start Program of the City of Chicago. She is currently a member of the Governing Board of the National Association for the Education of Young Children (NAEYC) and a past president of the Chicago AEYC.

Dr. **Sharon Lynn Kagan** is Associate Director of the Yale Bush Center in Child Development and Social Policy and formerly Director of a Head Start and Project Developmental Continuity Program and the New York City Mayor's Office of Early Childhood Education. A member of the Governing Board of NAEYC, the Family Resource Coalition Board, the NASBE panel on early childhood education, Dr. Kagan has published and lectured widely and consulted to foundations, corporations, and the government on child and family policy, early childhood education, child care, education policy, parent involvement and family support. Her current research focuses on collaboration in early care and education.

Sr. **Geraldine O'Brian**, S.N.D. deN, is Executive Director of East Coast Migrant Head Start Project, which serves children of migrant farmworkers from Florida to New York. Before this, she worked with the Head Start program of the National Child Day Care Association in Washington, DC for six and a half years.

Ms. **Katie Ong** is Manager of Business Services for the National Alliance of Business, Washington, DC. She is currently conducting a project between the Alliance and the Social Security Administration on employing the disabled.

Ms. **Shelby H. Miller** is the Ford Foundation's Program Officer responsible for grants made regarding Early Childhood Development and Care in the United States. She has also been involved in the Foundation's work on Adolescent Pregnancy and Parenting. Prior to joining the Foundation, She was a Research Associate at the Child Welfare League of America.

Ms. **Evelyn Moore** is Executive Director and founder of the National Black Child Development Institute in Washington, DC. NBCDI conducts policy research and analysis on emerging trends in child care, education, adoption, foster care and health. Ms. Moore lectures and writes extensively on issues related to the health, education and welfare of black children.

Ms. **Roszeta P. Norris** is a member of the National Head Start Staff Association and is presently employed as the Coordinator of Family and Community Services for Total Community Action's Head Start Program in New Orleans. She is the former President of the National Head Start Staff Association, the Regional Six Head Start Association, and the Louisiana Head Start Staff Association. She is also a National Trainer for the Exploring Parenting Program and the Looking At Life Series.

Dr. **Mary Tom Riley** is a professor at Texas Tech University and Director for the Institute for Child and Family Studies, Texas Tech University. In addition to faculty and administrative responsibilities, she works as a speaker, author and advisor for many early childhood projects. She and her staff are involved in delivering innovative training and technical assistance to Head Start programs.

Ms. **Winona Sample** is a consultant on Early Education and American Indian Programs. She is retired from the California State Department of Education, Office of Child Development. She has served on boards and commissions, including among others, UNESCO, UNICEF, NAEYC (Northern California), United Way, and National Indian Education. She served as Vice Chairperson of the U.S. Commission for the International Year of the Child and is a former Head Start Director for Santa Clara, California.

Dr. **Tom Schultz** works on early childhood policy issues at the National Association of State Boards of Education (NASBE). He is co-author of *Right from the Start*, the report of NASBE's National Early Childhood Task Force.

Mr. **Jule M. Sugarman** is Executive Director for Special Olympics, International. Prior to this, he served as Secretary of the Department of Social and Health Services for the State of Washington. From 1965 through 1970, Mr. Sugarman served as the Director of the National Head Start Program, Office of Child Development and Associate Director of the U.S. Children's Bureau.

Silver Ribbon Panel Hearings

Washington, DC, October 24, 1989

Testimony presented by Head Start Directors and/or representatives of state and regional Head Start Associations.

Robert Benes, Minnesota
Ophelia Brown, Florida
Diana Buckley, Hawaii
Nellie Campbell, Idaho
Fran Collins, Massachusetts
Hector DeLeon, Idaho
Cecile Dickey, New Jersey
LaWanna Dowden, Virginia
Pat Gracey, West Virginia
Cecile Greenway, Washington
Lyle Johnson, Illinois
Audrey Jones, Washington, DC
John Lovelace, Nebraska
Barbara Loveless, New Mexico
Dr. Tim Nolan, Wisconsin (written)
Dr. Marce Verzaro-O'Brien, New York
Sarah Younglove, Connecticut

Atlanta, Georgia, November 4, 1989

Testimony presented by Head Start Directors, Staff, Friends and other outside experts.

Tillie Bayless, Maryland
Nancy Bullock, North Carolina
Leona Demonnin, Washington
Sarah Greene, Florida (written)
Jackie Hill, Tennessee
Jim Houlares, Massachusetts
Ann Mitchell, New York
Arvern Moore, Mississippi
Claudette Richardson, Georgia
Cliff Rutledge, Alabama
Janis Santos, Massachusetts
Helen Taylor, Washington, DC
Sandra Waddell, Massachusetts
Billie Warford, Montana
Doris Wolverton, Mississippi

Phoenix, Arizona, December 9, 1989

Testimony presented at the National Head Start Parent Association Conference. (The following people signed up to testify. The panel acknowledges that several other parents also spontaneously testified at the hearing).

Mary Anderson, Nevada
Lynda Axson, Ohio
Vicky Bradish, California
Rabertina V. Capelton, Missouri
Vanessa Carr, Virginia
Ronald Charles, Arizona
Donna Cleveland, Virginia
Sheila Craig, Louisiana
Marion Daniels, Wisconsin
Julene DeLaine, Alabama
Debra Flaherty, Wyoming
Ernie Franchino, Florida
Linda Franklin
Anna Goings, Louisiana
Peggy Guernsey
Phyllis Hamilton, New York
Marie Hanner, Pennsylvania
Margena Hearn, Wisconsin
Gloria Hughes, California
Charles Johnson, Mississippi
Anna R. Jordan, Kansas
Debbie Kavenagh, California
Jimmie Lucas, Texas
Vida Martin, California
Linda Mayberry, Louisiana
Mary McCune, Virginia
Maureen McNaughton, Alaska
Cynthia J. Nahsonhoya, Arizona
Elvira Navarro, California
Arnetta Neely, Arizona
Given Palmer, Louisiana
Shirley Pates-Davis, Indiana
Jessie L. Pink, Alabama
John Rodriquez, Illinois
Belinda Scott, Massachusetts
Sandra Scott, Alaska
Kris Segurce, California
Lee Victoria Sleigh, South Carolina
Debbie Washington, Michigan
Dorothy Williams, California
Leona Woullard, Mississippi
Penny Wright, Missouri

National Head Start Association

The National Head Start Association is the membership organization representing the 450,000 children, 80,000 staff and 1,900 Head Start Programs in America. It is the only national organization dedicated exclusively to the concerns of the Head Start community. NHSA is a private, not-for-profit corporation governed by a 24 member Board of Directors composed of equal numbers of representatives from the National Head Start Parent Association, National Head Start Directors Association, National Head Start Staff Association, and National Head Start Friends Association.

The mission of the National Head Start Association is to nurture and to advocate for children and families, to provide the Head Start community with the opportunity of expressing concerns, to define strategies on pertinent issues affecting Head Start, to serve as an advocate for Head Start programs, to provide training and professional development opportunities for the Head Start community, and to develop a networking system with other organizations whose efforts are consistent with the National Head Start Association.

The National Head Start Association maintains an office and staff in the Metropolitan Washington D.C. area. Major activities of NHSA include education and advocacy on behalf of the Head Start children, families and programs, quarterly publication of the *NHSA Journal*, regular policy and legislative updates to affiliate organizations, and an annual National Training Conference.